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Claim Numbe	er
Date Receive	d
ECURITIES LLC	
	•
office and home telepl	none no.
-484-0307	<del></del> .
Number (Social Secul	
	<del></del>
	•
	•
SURE TO READ CARE A SEPARATE CLAIM	

BERNARD L. MADOFF INVESTMENT SECURITIES LLC.

In Liquidation

## **DECEMBER 11, 2008**

Irving H. Picard, Esq. Trustee for Bernard L. Madoff Investment Securities LLC	Provide your office and home telephone no
2100 McKinney Ave., Suite 800	OFFICE:
Dallas, TX 75201	HOME: 954-484-0307
	Taxpayer I.D. Number (Social Security No.)

Account Number: 1ZR050 NTC & CO. FBO BERNARD SELDON (82199) P O BOX 173859 DENVER, CO 80217

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

Doc 453-2 08-01789-cgm Filed 09/24/09 Entered 09/24/09 14:16:39 Exhibit B. **Customer Claim** Pg 2 of 26

	If you wish to repay the Debit Balance,		
	please insert the amount you wish to repa	y and	
ž.	attach a check payable to "Irving H. Picaro	d, Esq.,	
1	Trustee for Bernard L. Madoff Investment	Securities LLC "	
1	f you wish to make a payment, it must be	enclosed	
	vith this claim form.	\$	<b>0</b> )
d. If	f balance is zero, insert "None."	<b>*</b>	None
	for securities as of December 11, 2008:	·	Tone
	OT CLAIM ANY SECURITIES YOU HAVE		
	THE STOOM AVE	IN YOUR POSS	ESSION.
	_	YES	NO
a. Ti	he Broker owes me securities	Х	
b. Id	owe the Broker securities		X
c. If	yes to either, please list below:	. 9	
			roi
		Face Amou	of Shares or unt of Bonds
Date of			
Transaction		The Broker Owes Me	I Owe the Broker
(trade date)	Name of Security	(Long)	(Short)
<u>See Nov. 3</u> 0, 20	008 ZR050 statements, attached her	rofo de Filles.	
\$1,186,784.50			
	(market value of securities long,	per ZR050-3	statement)
41,250.00	(market value of securities long,	per ZR050-4	statement)
(58,250,00)			
and the second second second	(market value of securities short	• per ZR050-4	statement)
TOTAL \$1.169.784.50			•
Drones de			

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor. See Exhibits A and B, and documents submitted herewith.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

		YES	<u>NO</u>
3.	Has there been any change in your account since December 11, 2008? If so, please explain.		<u> </u>
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?	•	X
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		XX
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)		<u> X %.</u>
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		<u> X</u>
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.		_X

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9.	Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker.		<b>X</b>
•	Please list the full name and address or preparation of this claim form: <u>Chris</u>		
	Weiss LLP, One William Street.		
	u cannot compute the amount of your claim, yo, please indicate your claim is an estimated		claim. In tha
CON	S A VIOLATION OF FEDERAL LAW I IVICTION CAN RESULT IN A FINE O RISONMENT FOR NOT MORE THAN FIVE	F NOT MORE THAN	
	FOREGOING CLAIM IS TRUE AND A	CCURATE TO THE BE	EST OF MY

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

Signature

Signature

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

Date

08-01789-cgm Doc 453-2 Filed 09/24/09 Entered 09/24/09 14:16:39 Exhibit B. Customer Claim Pg 5 of 26

## EXHIBIT A

4(2)	$\Box$		****			<del> </del>	100 a 100 th 100 at	3							
Affiliated with rities International Limited 12 Berkeley Street Mayfair, London WIJ 8DT Tel 020 7493 6222	AMOUNT CREDITED TO YOUR ACCOUNT			•											
Madoff Secures PRING 11/30/08  11/30/08  vour TAX PAVER IGENT ******62	AMOUNT DEBITED TO YOUR ACCOUNT	70,190,93	31,332,00 26,205,00 36,315,50	37,106.75	136	26,820.00	18,583,50	51,893,75	27,725,50	34,384,50	57,708.00	27,275.00	16,905.00		
RITIES TO 1-2R 050-3-0	PRICE OR SYMBOL		29-800 34-900 55-830	87-270	14.510	38.530 44.660	28.550	21.810	100.730	16-940	64.080	43.600	21-590 33-770 12-510		
885 Third Avenue New York, NY 10022 (212) 230-2424 800 334-1343 Fax (212) 838-4061  FCU R	DESCRIPTION	BALANCE FORWARD	WELLS FARGU & CO NEW HEWLETT PACKARD CO		INTEL CORP. CONTRACTOR	J.P. MORGAN CHASE & CO	MCDONALDS CORP	ROSOF	TOUR TOUR TOUR TOUR TOUR TOUR TOUR TOUR	PFIZER INC		AMGEN INC PHILLIP MORRIS INTERNATIONAL	BANK OF AMERICA QUALCOHM INC CITI GROUP INC	CONTINUED ON PAGE 2	
F NTC & 1	TRN		1699	6527	10853	19504	28156	36808	54112	58438	58940	63266	67592 71416 71918		,
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ليضا		DATE	1/12	11/12	11/12	11/12	11/12	1/12	11/12	1712	11/12	11/12	11/12	77/77	

di Fase Retain This Statement for income tax purposes

Affiliated with Madoff Securities International Limited 12 Berkeley Street Mayfair, London W1J 8DT Tel 020 7493 6222	PAGE.	TTON NUMBER	AMOUNT CREDITED TO YOUR ACCOUNT					1,099,296,00	, 4 , 4 , 6 , 7	48,309,00	<b>X</b>		
Madoff Securitie May	11/30/08	-0 +++++6253	AMOUNT DEBITED TO YOUR ACCOUNT	18,570.00	47,996.00 23,647.50 15,624.00	30,605.25	45,918,75 15,950,00 62,452,25	25,882,50 25,308,00			10,5%3,00		
		1-ZR 05 0-3-0	PRICE OR SYMBOL	49.480	52-510 52-510 52-040	16.730 29.530	73.430 53.160	30.410 337.400 99.936	N	<b>e~i</b>			
885 Third Avenue New York, NY 10022 (212) 230-2424 800 334-1343	CO.		DESCRIPTION	SCHLUMBERGER LTD COMCAST CORP	TEL T	CLASS B CISCO SYSTEMS INC U S BANCORP	CHEVRON CORP UNITED TECHNOLOGIES CORP	GENERAL FEELINIC CONTROLS VERIZON COMMUNICATIONS GOOGLE U S TREASURY BILL	DUE 2/12/2009 2/12/2009 FIDELITY SPARTAN U S TREASURY MONEY MARKET	DIV LIFIZIONE FIDELITY SPARTAN U S TREASURY MONEY MARKET	U S TREASURY MONEY MARKET	FIDELITY SPARTAN U S TREASURY MONEY MARKET DIV 11/19/08 CONTINUED ON PAGE 3	
	NTC 5		NAT	75742 75244	80570 80570 84394	84896	89222 93046	93548 97372 97874 24305		19409	28777		
MADOFF URITIES LLC	# FOR ACCOUNT	<u>.</u>	SOLD UELIVERED OR SHORT					1,100,000		48,309			
MADE INVESTMENT SECURITIES LLC New York   London	**DUPLICATE** BERNARD SELDON	TAMARAC	BOUGHT RECEIVED OR LONG	375	1,775	11,000	300	3,175			10,393		
	J		DATE	11/12	11/12	11/12	11/12	11/12	11/12	11/12	11/12	11/19	

III LACE DETAIN THIS STATEMENT FOR INCOME TAX PURPOSES

10,3930 m 08-0178 Filed 09/24/09 Customer Claim Entered 09/24/09 14:16:39 Pg 8 of 26 Doc 453-2 Exhibit B. Mayfair. London W1J 8DT Tel 020 7493 6222 Manon Securines international immission 12 Berkeley Street PAGE m YOUR TAX PAYER IDENTIFICATION NUMBER \*\*\*\*\* 10,349.00 140,040,03 74,946,50 11/30/08 AMOUNT DEBITED TO YOUR ACCOUNT 1-ZR050-3-0 YOUR ACCOUNT NUMBER PRICE OR SYMBOL 52-520 80-150 17-170 92.670 16.250 16.540 19.010 926-66 55.540 66.870 17.340 U S TREASURY MONEY MARKET MARKET SECURITY POSITEONS ATET INC 885 Third Avenue New York, NY 10022 Fax (212) 838-4061 (212) 230-2424 800 334-1343 3/26/2009 ABBOTT LABORATORIES U S TREASURY MONEY U S TREASURY BILL DUE 03/26/2009 APPLE INC APPLE INC BANK OF AMERICA CONTINUED ON PAGE FIDELITY SPARTAN EXXON MOBIL CORP GENERAL ELECTRIC FIDELITY SPARTAN CISCO SYSTEMS 3 CONDCOPHILIPS CITI GROUP INC CHEVRON CORP COMCAST CORP NEW BALANCE NTC & CO. 63328 54323 58735 TRN FOR ACCOUNT 10,393 PLEASE RETAIN THIS STATEMENT FOR INCOME TAX PURPOSES 딦 SOLD DELIVERED OR SHORT BERNARD L. MADOFF INVESTMENT SECURITIES LLC New York 

London \*\*DUPLICATE\*\*
BERNARD SELDON 3,175 1,500 1,825 1,625 600 900 625 75,000 10,349 1,775 TAMARAC BOUGHT RECEIVED OR LONG MADF 11/19 11/19 11/19 DATE

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885 Third Avenue New York, NY 10022 (212) 230-2424 800 334-1343	Fax (212) 838-4061		DESCRIPTION	C 2	J.P. MORGAN CHASE & CU JOHNSON & JOHNSON MCDONALDS CORP MERCK F. CO	MICROSOFT CORP DRACLE CORPORATION PEPSICO INC	PHILLIP MORRIS INTERNATIONAL PROCTER & SAMBLE CO QUALCOMM INC SCHLUMBERGER LTD	FIDELITY SPARTAN U.S. TREASURY MONEY MARKET U.S. BANGORP UNITED PARCEL SVG INC	CLASS B U S TREASURY BILL DUE 03/26/2009 3/26/2009	CONTINUED ON PAGE 5	
	NTC & C		N. CT								
MADOFF URITHES LLC	ondon * FOR ACCOUNT ON		SOLD DELIVERED OR SHORT								
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	VOUR ACCOUNT NUMBER	7-ZK020-3-0	32.650 55.880 28.890						
New York, NY 10022 (212) 230-2424 800 334-1343 £ CO.		DESCRIPTION	TONS	MARKET VALUE OF SECURITIES LONG SHORT 1,186,784,50					
N		A R						:	
INVESTMENT SECURITIES LLC  New York  London  *DUPLICATE** FOR ACCOUNT	NDQ	SOLD DELIVERED OR SHORT							
**DIPLICATE** FOR A	BERNARD SELDON	BOUGHT RECEIVED OR LONG	850 650 1,050		·				
		DATE				·	 <del></del>		

Entered 09/24/09 14:16:39 Pg 11 of 26 Filed 09/24/09 Customer Claim Exhibit B. мадон эесигине мистивномы элисти 12 Berkeley Street Мауfair, London W1J 8DT Tel 020 7493 6222 9 \*\*\*\*\*\*6253 11/30/08 AMOUNT DEBITED. 1-ZR050-3-0 PRICE OR SYMBOL DIVIDENDS GROSS PROCEEDS FROM SALES 885 Third Avenue New York, NY 10022 (212) 230-2424 800 334-1343 Fax (212) 838-4061 YEAR-TO-DATE SUMMARY DESCRIPTION \*\*DUPLICATE\*\* FOR ACCOUNT NIC & CO. THE N PLEASE RETAIN THIS STATEMENT FOR INCOME TAX PURPOSES i. SOLD DELIVERED OR SHORT BERNARD L. MADOFF INVESTMENT SECURITIES LLC New York 

London BERNARD SELDON BOUGHT RECEIVED OR LONG TAMARAC MADF DATE

Filed 09224/09 ustamer Claim Entered 09/24/09 14:16:39 Pg 12 of 26 Doc **#**53-2 08-017β9 39,475.00m Exhibit B. 70, 191. AMOUNT CREDITED TO YOUR ACCOUNT Mayfair, London W1J 8DT Tel 020 7493 6222 12 Berkeley Street PAGE YOUR TAX PAVER IDENTIFICATI 7,525.00 75,025.00 44,525.00 11/30/08 AMOUNT DEBITED TO YOUR ACCOUNT 1-ZR050-4-0 23.300 PRICE OR SYMBOL 16.500 15.800 17.800 w 28 30 MARKET VALUE OF SECURITIES 885 Third Avenue New York, NY 10022 (212) 230-2424 800 334-1343 Fax (212) 838-4061 SECURITY POSITIONS S R P 100 INDEX DECEMBER 430 CALL S C P 100 INDEX NOVEMBER 460 CALI DECEMBER 420 PUT NOVEMBER 450 PUT DECEMBER 430 CAN S E P 100 INDEX BALANCE FORMARD NOVEMBER 450 PU S & P 100 INDEX g P 100 INDEX S E P 100 INDEX S & P 100 INDEX E P 100 INDE 41,250.00 NEW BALANCE NTC & CO. 44540 40215 48865 49786 35890 45460 Z FOR ACCOUNT N 25 25 2 PLEASE RETAIN THIS STATEMENT FOR INCOME TAX PURPOSES 1 SOLD DELIVERED OR SHORT BERNARD L. MADOFF INVESTMENT SECURITIES LLC New York | London \*\*DUPLICATE\*\*
BERNARD SELDON 25 25 25 25 BOUGHT RECEIVED OF LONG TAMARAC MADF 11/19 11/19 11/12 11/19 11/19 11/12 DATE

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08-01789-cgm Doc 453-2 Filed 09/24/09 Entered 09/24/09 14:16:39 Exhibit B. Customer Claim Pg 13 of 26

## EXHIBIT B

### **EXHIBIT B**

- 1. This Claim Form, exhibits, and supporting documentation (collectively "Claim Form") is submitted pursuant to the December 23, 2008 Order of the Honorable Burton R. Lifland and the instructions disseminated by Irving H. Picard, Trustee for Bernard L. Madoff Investment Securities LLC ("Trustee"), on December 11, 2008.
- 2. The information provided in the Claim Form is based on information provided in the Claimant's latest Madoff account statement and additional information known by the Claimant as of the date of the submission of the Claim Form. The Claimant reserves the right to amend and/or supplement this Claim Form upon the receipt of further information, or upon request by the Trustee for additional information.
- 3. The Claimant reserves the right to amend the Claim Form in the event of any recoveries by the Trustee or any other party under the avoidance powers of the Bankruptcy Code or otherwise, or in the event of rejections of executory contracts pursuant to Bankruptcy Code Section 365, whether such amendments are made pursuant to Bankruptcy Code Sections 105, 502(g), or 502(h), Bankruptcy Rule 3002(c)(3), (4), other provisions of applicable bankruptcy law, or general principles of law or equity.
- 4. The Claimant hereby requests that the Claim Form be considered as a proof of claim in *In re Bernard L. Madoff Investment Securities LLC*, No. 08-01789 (Bankr. S.D.N.Y.).
- 5. This Claim Form is required to be submitted pursuant to the Court's January 2, 2009 Order and the Trustee's instructions to the Claimant. To the extent permitted by applicable law, the Claimant does not, by submitting the Claim Form, consent to the jurisdiction of the Bankruptcy Court nor does Claimant waive any right to trial by jury.
- 6. The Claimant reserves all rights, claims, and/or defenses as to and/or against any and all parties potentially liable for the losses sustained by the Claimant, including, without limitation, Bernard L. Madoff Investment Securities LLC and its owners, partners, employees, and affiliates, as well as any potentially liable third parties including, without limitation, investment advisors, "feeder funds," accountants, and auditors.
- 7. The Claimant further reserves all rights, claims, and/or defenses as to and/or against any persons and/or creditors asserting claims against Bernard L. Madoff Investment Securities LLC, its employees, owners, and/or affiliates, in bankruptcy or otherwise.

- 8. The Claimant reserves all objections as to the competence, relevance, materiality, privilege, or admissibility of evidence in any subsequent proceeding or trial of this or any other action for any purpose whatsoever, notwithstanding the submission of any such information to the Trustee.
- 9. To the extent the Claimant has disclosed to the Trustee documents containing accounting and/or legal advice, the Claimant does not waive any potential privileges applicable thereto.
- 10. The Claimant reserves all rights with respect to submitting information to the Internal Revenue Service regarding gains, losses, and/or theft of assets.
- 11. The Claim Form and supporting documents contain confidential information. The Claimant submits this information to the Trustee subject to the condition that this information will not to be disclosed to any third parties, other than under seal to the Court, absent the Claimant's express consent or Court order.
- 12. The Claimant submits herewith documents in support of the Claimant's claim, including documents containing information regarding account transactions, such as contributions and/or withdrawals. The Claimant reserves any arguments that such documents are not relevant to the Trustee's inquiry. The Claimant further reserves the right to supplement this submission, including the submission of additional documents, if deemed necessary. Attached is a list of the documents submitted herewith:

# NTC CO. FBO Bernard Seldon Bernard L. Madoff Investment Securities Account No. 1ZR050

	Document	Issuing Party	Prepared for	Description of Document
· · ·	0/0/2/2/00	Fisery Investment	Domond Coldon	Letter from Fiserv Investment Support Services dated January 7, 2009 regarding Proof of Claim
4	117000	Support Services		roim.
	· <del></del>			Portfolio Management Report for Bernard L.
-		Bernard L. Madoff		Madoff Investment Securities Account ZR050 as
2 9	9/30/2008	Investment Securities	Bernard Seldon	of September 30, 2008.
				Portfolio Management Report for Bernard L.
		Bernard L. Madoff		Madoff Investment Securities Account ZR050 as
3	12/31/2007	Investment Securities	Bernard Seldon	of December 31, 2007.
				2007 Form 1099-R from Payee, Fisery Affinity,
4			Bernard Seldon	Inc. to Recipient, Bernard Seldon.
				2006 Form 1099-R from Payee, Fisery Affinity,
5			Bernard Seldon	Inc. to Recipient, Bernard Seldon.

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January 7, 2009

RE: PROOF OF CLAIM FORM

Dear Sir/Madam:

Fiserv Investment Support Services (Fiserv ISS) recently received the enclosed Proof of Claim form.

Because all Fiserv ISS retirement plans are self-directed, we cannot comment on this matter. Please contact your financial representative with any questions you may have regarding this claim. If you should choose to participate in the claim, please return your completed claim form to the claims administrator at the address indicated in the security litigation materials. We have authorized the claims administrator to accept the signature of the beneficial owners (our clients) on these forms. It is *not* necessary for you to obtain a signature from Fiserv ISS on this form.

If you still hold this as an asset in your Fiserv ISS retirement account, the Claimant Section should be completed in the name of the IRA FBO (Your Name and Account Number).

If the asset is still held in your Fiserv ISS IRA, and you do not complete the Claimant Section correctly, the proceeds from this claim (if received by you personally) will be deemed a distribution. You may be required to pay income taxes and any applicable penalties. If you have any questions regarding the completion of the Claimant Section of the proof of claim form, please contact one of our Client Relationship Representatives at 800-525-2124.

Thank you for your attention to this matter.

**Fisery Investment Support Services** 

**Enclosure** 

08-01789-cgm Doc 453-2 Filed 09/24/09 Entered 09/24/09 14:16:39 Exhibit B. Customer Claim Pg 19 of 26

THIS REPORT IS PROVIDED TO ASSIST YOU IN EVALUATING THE PERFORMANCE OF YOUR ACCOUNT AND SHOULD NOT BE USED FOR INCOME TAX PURPOSES.

BERNARD SELDON

1-ZR050-3

TAMARAC

FL

STARTING EQUITY FOR CURRENT YEAR CAPITAL ADDITIONS CAPITAL WITHDRAWALS REALIZED P/L FOR CURRENT YEAR UNREALIZED PYL ON OPEN SECURITY POSITIONS CURRENT CASH BALANCE NET MARKET VALUE OF OPEN SECURITIES POSITIONS TOTAL EQUITY

1,174,602.73CR

120,000.00-87,578-17CR 1,089.00CR -90CR

1,143,269.00 NET LONG 1,143,269.90CR

ANNUALIZED RETURN FOR CURRENT YEAR 10.79 %

08-01789-cgm Doc 453-2 Filed 09/24/09 Entered 09/24/09 14:16:39 Exhibit B. Customer Claim Pg 21 of 26

THIS REPORT IS PROVIDED TO ASSIST YOU IN EVALUATING THE PERFORMANCE OF YOUR ACCOUNT AND SHOULD NOT BE USED FOR INCOME TAX PURPOSES.  STARTING EQUITY FOR CURRENT YEAR LIZES, 000-00-00-00-1274-662.73CR BLANCE OF SCURITIONS CURRENT ZASH BLANCE NET MARKET VALUE OF OPEN SECURITIES POSITIONS CURRENT ZASH BLANCE NET MARKET VALUE OF OPEN SECURITIES POSITIONS TOTAL EQUITY ANNUALIZED RETURN FOR CURRENT YEAR 11.443 %	The second secon					See See of the See		ners <del>de la constan</del>	
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08-01789-cgm	Doc 453-2 - Files	09/24/09	Entered 1	09/24/09 14:1	6:39	Exhibit B.
PAYER'S name, street address, cit	v. state, and ZIP code	Gross distributi	24 of	OMB Na. 1545-0119		Distributions From Pensions, Annuities,
FISERV AFFINITY INC		\$ 120,000,00		<b>୬</b> ⋒ <b>∩</b> 7		Retirement or Profit-Sharing
717 17TH STREET SUITE 2600		2a Taxable amoun	t	<u>Z</u> WU!		Plans, IRAs, Insurance
DENVER, CO 80202		\$ 120,000,00		Form 1099-R		Contracts, etc.
		2b Taxable amoun	t			
		not determined	11	Total distribution		Сору С
PAYER'S federal identification number	RECIPIENT'S identification number	3 Capital gain (includ	ded in box 2a)	4 Federal income tax	withheld	For Recipient's
84-1158337	2583	\$		\$		Records
RECIPIENT'S name, street address (incl	uding apt. no.), city, state, and	5 Employee contribution contributions or insure	s/Designated Roth	6 Net unrealized appreci employer's securities	ation in	
ZIP code BERNARD SELDON		\$		\$		
DERIVAD GELEVOIT		7 Distribution code(s		8 Other		This information is
TAMARAC, FL		7	SIMPLE X	s	- %	being furnished to
		9a Your percentage	of total	9b Total employee contr	ributions	the Internal Revenue Service.
•		distribution	%	s		Develle Service.
	1st year of desig. Roth contrib.	10 State tax withh		11 State/Payer's stat	e no.	12 State distribution
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		\$ Local tax with	old	14 Name of locality		15 Local distribution
Account number (see instructions)		13 Local tax with	ieia .			•
		<u> \$</u>		Department (	of the Trea	sury · Internal Revenue Service
Form 1099-R	(Kec	ep for your records	,,			
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PAYER'S name, street address, cit	ty, state, and ZIP code	1 Gross distribut	tion	OMB No. 1545-0119		Pensions, Annuities, Retirement or
FISERV AFFINITY INC		\$ 120,000.00		<b>୭</b> // <b>1</b>	1	Profit-Sharing
717 17TH STREET SUITE 2600		2a Taxable amou	nt	400		Plans, IRAs, Insurance
DENVER, CO 80202		\$ 120,000.00		Form 1099-R	<u> </u>	Contracts, etc.
		2b Taxable amoun	nt	7		Copy 2
•		not determine	d X	Total distribution		
PAYER'S federal identification number	RECIPIENT'S identification number	3 Capital gain (inclu	ded in box 2a)	4 Federal income tax	withheld	File this copy with your state,
	-2583	s		\$		city, or local
RECIPIENT'S name, street address (including apt. no.), city, state, and		5 Employee contributions/Designated Roth contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		return, when
ZIP code BERNARD SELDON		\$	. Platinous	\$		required
BEKNAKU SELDON		7 Distribution codel	SEP/	8 Other		
TAMARAC, FL		7	SIMPLE X	s	9/	
		9a Your percentage		9b Total employee con	tributions	
		distribution	•			
	1st year of desig. Roth contrib.	20 Senta tay mehi		6 \$ 11 State/Payer's sta	te no.	12 State distribution
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08-01789-cgm Doc 453-2 Filed 09/24/09 Entered 09/24/09 14:16:39 Exhibit B. ustomer Claim Pg 26 of 26 CORRECTED (if checked) Distributions From PAYER'S name, street address, city, state, and ZIP code Gross distribution OMB No. 1545-0119 Pensions, Annuities, FISERV AFFINITY INC Retirement or Profit-Sharing Plans, IRAs, 120.000.00 717 17TH STREET SUITE 2600 Taxable amount DENVER, CO 80202 Insurance Contracts, etc. Form 1099-R 120,000,00 Copy B
Report this income on your Federal tax return. If this form shows Federal income tax withheld in box 4, attach this copy to your return. 2b Taxable amount not determined Total distribution PAYER'S Federal identification number | RECIPIENT'S identification number Capital gain (included in box 2a) 4 Federal income tax withheld RECIPIENT'S name, street address, city, state, and ZIP code Employee contributions/Designated Roti contributions or insurance premiums 6 Net unrealized appreciation in employer's securities BERNARD SELDON Distribution code(s) Q Other TAMARAC, FL. This information is being furnished to the Internal Your percentage of total distribution 9b Total employee contributions Revenue Service. 1st year of desig. Roth contrib. 10 State tax withheld 11 State/Payer's state no. 12 State distribution Account number (see instructions) 14 Name of locality 13 Local tax withheld 15 Local distribution Form 1099-R Department of the Treasury Internal Revenue Service CORRECTED (if checked) **Distributions From** PAYER'S name, street address, city, state, and ZIP code FISERV AFFINITY INC Gross distribution OMB No. 1545-0119 Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, 120.000.00 717 17TH STREET SUITE 2600 2006 Taxable amount **DENVER, CO 80202** Insurance Form 1099-R 120.000.00 Contracts, etc. Taxable amount Total not determined Х distribution Copy C PAYER'S Federal identification number | RECIPIENT'S identification number Capital gain (included in box 2a) 4 Federal income tax withheld For Recipient's Records RECIPIENT'S name, street address, city, state, and ZIP code Employee contributions/Designated Roth 6 Net unrealized appreciation in employer's securities BERNARD SELDON Distribution code(s) TAMARAC. FL This information is being furnished to the Internal 9a Your percentage of total distribution 9b Total employee contributions Revenue Service. 1st year of desig. Roth contrib. 10 State tax withheld State/Payer's state no. 12 State distribution FL Account number (see instructions) 13 Local tax withheld 14 Name of locality 15 Local distribution Form 1099-R Department of the Treasury - Internal Revenue Service (Keep for your records.)

COR	RECTED (if checked)			
PAYER'S name, street address, city, state, and ZIP code ISERV AFFINITY INC	1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs,	
17 17TH STREET SUITE 2600	\$ 120,000,00	2006		
DENVER. CO 80202	2a Taxable amount	2006		
	\$ 120,000.00	Form 1099-R	Insurance Contracts, etc.	
	2b Taxable amount not determined X	Total distribution	Copy 2	
AYER'S Federal identification number   RECIPIENT'S identification number	3 Capital gain (included in box 2a)	4 Federal income tax withheld	with your state, city, or local	
4-1158337 2583	\$	\$		
ECIPIENT'S name, street address, city, state, and ZIP code BERNARD SELDON	5 Employee contributions/Designated Roll contributions or insurance premiums	6 Net unrealized appreciation in employer's securities \$	income tax return, when required	
'AMARAC, FL	7 Distribution code(s) IRA/ SEP/ SIMPLE X	8 Other		
	9a Your percentage of total distribution	9b Total employee contributions		
1st year of desig. Roth contrib.	10 State tax withheld	11 State/Payer's state no.	12 State distribution	
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ccount number (see instructions)	13 Local tax withheld	14 Name of locality	15 Local distribution	
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